# South Carolina Medicaid EHR Incentive Program 2014 PY EP CQM SLR Changes (Stage 1 and Stage 2)



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# **EP Clinical Quality Measures Selection Screen Layout and Requirements**

Effective with the 2014 Participation Year, EPs for any MU stage will be required to submit 9 out of 64 CQMs using CEHRT and must select the CQMs from at least 3 key health care policy domains recommended by the Department of Health and Human Services' National Quality Strategy (NQS) seen below.

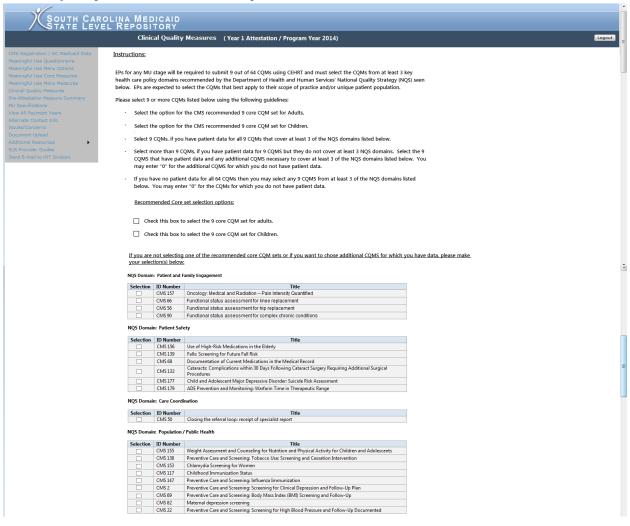
The text for the new EP Clinical Quality Measures Selection Screen will be as follows:

"EPs for any MU stage will be required to submit 9 out of 64 CWMs using CEHRT and must select the CQMs from an least 3 key health care policy domains recommended by the Department of Health and Human Services' National Quality Strategy (NQS) seen below. EPs are expected to select the CQMs that best apply to their scope of practice and/or unique patient population.

Please select 9 or more CQMs listed below using the following guidelines:

- Select the option for the CMS recommended 9 core CQM set for adults.
- Select the option for the CMS recommended 9 core CQM set for children.
- Select 9 CQMs, if you have patient data for all 9 CQMs that cover at least 3 of the NQS domains listed below.
- Select more than 9 CQMs, if you have patient data for 9 CQMs but they do not cover at least 3 NQS domains. Select the 9 CQMs that have patient data and any additional CQMs necessary to cover at least 3 of the NQS domains listed below. You may enter "0" for the additional CQMs for which you do not have patient data.
- If you have no patient data for all 64 CQMs then you may select any 9 CQMs from at least 3 of the NQS domains listed below. You may enter '0' for the CQMs for which you do not have patient data."

# Clinical Quality Measures Selection Layout

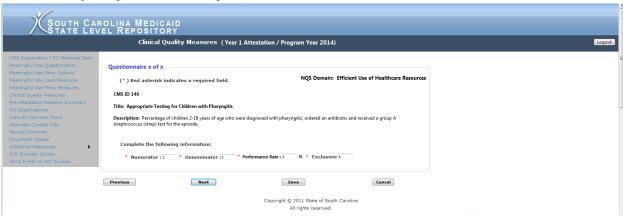




## Changes for 2014:

- EPs are required to select 9 of the 64 CQMs listed
- Selection of CQMs must be within at least 3 of the NQS domain tables
- EPs can select more than 9 but cannot select less than 9. If they select less than 9 provide an error message which states, "A minimum of 9 CQMs must be selected from the list below that covers at least 3 of the NQS domains."
- EPs can select CQMs from more than 3 of the NQS domain lists but cannot select from less than
   If they select from less than 3 of the NQS lists then provide an error message that states, "A minimum of 9 CQMs must be selected from the list below that covers at least 3 of the NQS domains."
- EPs may choose to select the 9 Recommended Adult CQM set, if chosen this will automatically select for the provider the following CQMs: CMS165, CMS156, CMS138, CMS166, CMS2, CMS68, CMS69, CMS50, CMS90
- EPs may choose to select the 9 Recommended Children CQM set, if chosen this will automatically select for the provider the following CQMs: CMS146, CMS155, CMS153, CMS126, CMS117, CMS154, CMS136, CMS2, CMS75

# **EP Clinical Quality Measure 1 Layout, CMS 146**

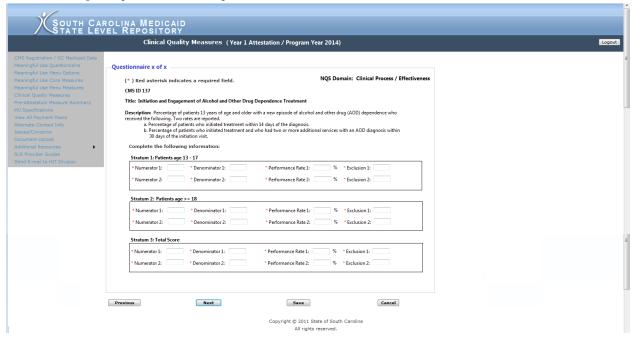


# Changes for 2014:

• Create screen with text as seen above.

- Please enter a numerator, 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator, 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusion. 0 is acceptable if that was reported by the EHR technology.
- Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

# **EP Clinical Quality Measure 2 Layout, CMS 137**

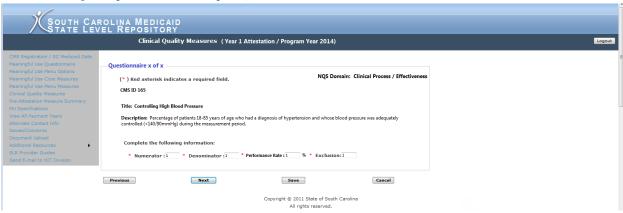


## Changes for 2014:

• Create screen with text as seen above.

- Please enter numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter denominators. 0 is acceptable if there is no measure population.
- Denominators must be whole numbers.
- Please enter performance rates. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusions. 0 is acceptable if that was reported by the EHR technology.
- The Exclusions must be whole numbers.
- The Numerators should be less than or equal to the Denominators.

# **EP Clinical Quality Measure 3 Layout, CMS 165**

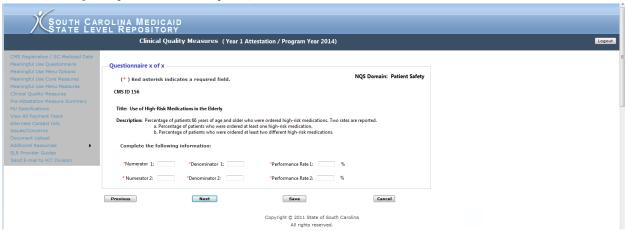


## Changes for 2014:

Create screen with text as seen above.

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

# **EP Clinical Quality Measure 4 Layout, CMS 156**

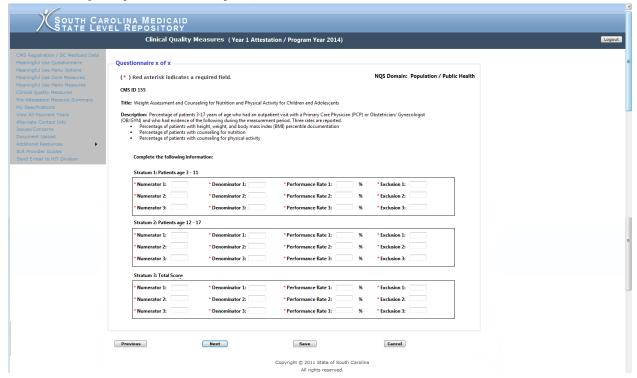


# Changes for 2014:

• Create screen with text as seen above.

- Please enter numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter denominators. 0 is acceptable if there is no measure population.
- Denominators must be whole numbers.
- Please enter performance rates. 0 is acceptable if that was reported by the EHR technology.
- The Numerators should be less than or equal to the Denominators.

# **EP Clinical Quality Measure 5 Layout, CMS 155**



# Changes for 2014:

Create screen with text as seen above.

- Please enter numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter denominators. 0 is acceptable if there is no measure population.
- Denominators must be whole numbers.
- Please enter performance rates. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusions. 0 is acceptable if that was reported by the EHR technology.
- The Exclusions must be whole numbers.
- The Numerators should be less than or equal to the Denominators.

# **EP Clinical Quality Measure 6 Layout, CMS 138**



# Changes for 2014:

• Create screen with text as seen above.

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exception. 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

# **EP Clinical Quality Measure 7 Layout, CMS 125**



# Changes for 2014:

Create screen with text as seen above.

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

# **EP Clinical Quality Measure 8 Layout, CMS 124**

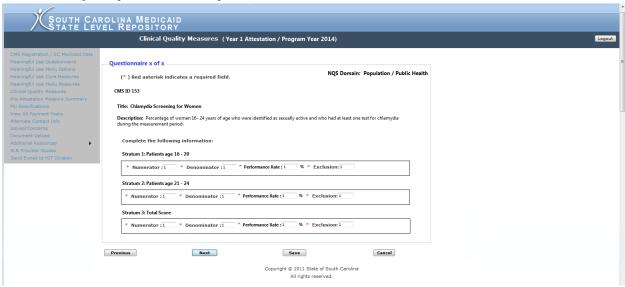


# Changes for 2014:

Create screen with text as seen above.

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

# **EP Clinical Quality Measure 9 Layout, CMS 153**



# Changes for 2014:

Create screen with text as seen above.

- Please enter numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter denominators. 0 is acceptable if there is no measure population.
- Denominators must be whole numbers.
- Please enter performance rates. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusions. 0 is acceptable if that was reported by the EHR technology.
- The Exclusions must be whole numbers.
- The Numerators should be less than or equal to the Denominators.

# **EP Clinical Quality Measure 10 Layout, CMS 130**

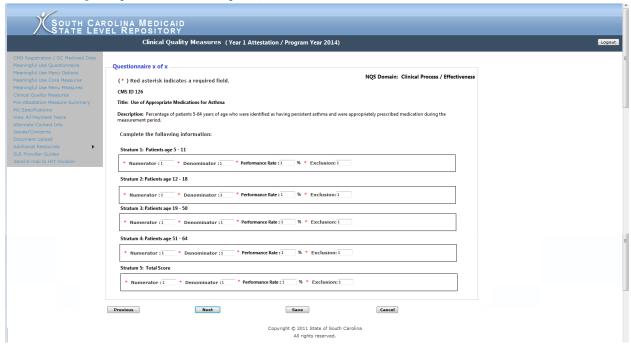


# Changes for 2014:

• Create screen with text as seen above.

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

# **EP Clinical Quality Measure 11 Layout, CMS 126**

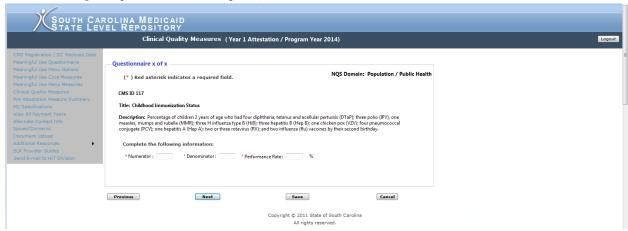


# Changes for 2014:

• Create screen with text as seen above.

- Please enter numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter denominators. 0 is acceptable if there is no measure population.
- Denominators must be whole numbers.
- Please enter performance rates. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusions. 0 is acceptable if that was reported by the EHR technology.
- The Exclusions must be whole numbers.
- The Numerators should be less than or equal to the Denominators.

# **EP Clinical Quality Measure 12 Layout, CMS 117**

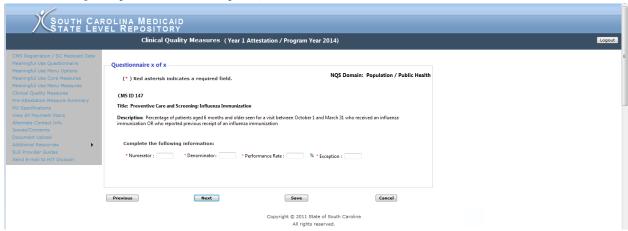


# Changes for 2014:

• Create screen with text as seen above.

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- The Numerator should be less than or equal to the Denominator.

# **EP Clinical Quality Measure 13 Layout, CMS 147**



# Changes for 2014:

• Create screen with text as seen above.

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exception. 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

# **EP Clinical Quality Measure 14 Layout, CMS 127**



# Changes for 2014:

• Create screen with text as seen above.

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- The Numerator should be less than or equal to the Denominator.

# **EP Clinical Quality Measure 15 Layout, CMS 166**

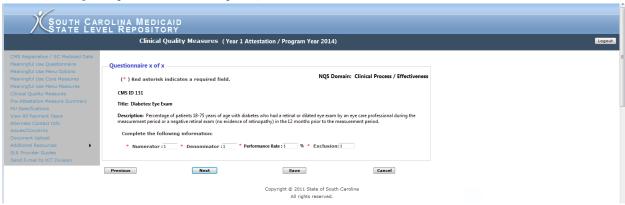


# Changes for 2014:

• Create screen with text as seen above.

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

# **EP Clinical Quality Measure 16 Layout, CMS 131**

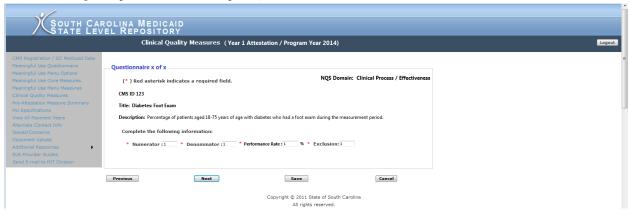


# Changes for 2014:

Create screen with text as seen above.

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

# **EP Clinical Quality Measure 17 Layout, CMS 123**



# Changes for 2014:

• Create screen with text as seen above.

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

# **EP Clinical Quality Measure 18 Layout, CMS 122**



# Changes for 2014:

• Create screen with text as seen above.

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

# **EP Clinical Quality Measure 19 Layout, CMS 148**



# Changes for 2014:

Create screen with text as seen above.

- Please enter numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

# **EP Clinical Quality Measure 20 Layout, CMS 134**

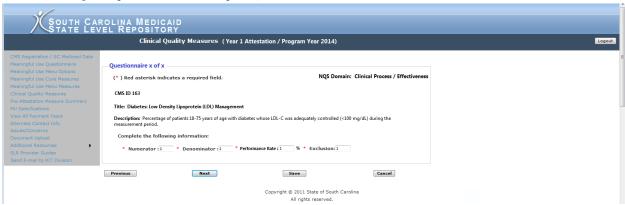


# Changes for 2014:

• Create screen with text as seen above.

- Please enter numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

# **EP Clinical Quality Measure 21 Layout, CMS 163**

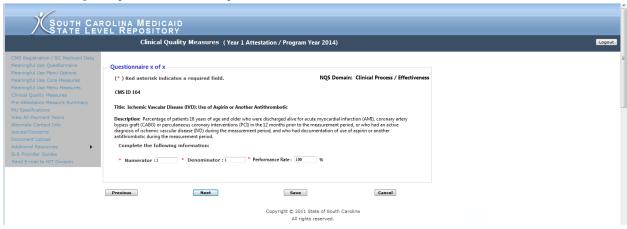


# Changes for 2014:

• Create screen with text as seen above.

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

# **EP Clinical Quality Measure 22 Layout, CMS 164**



# Changes for 2014:

• Create screen with text as seen above.

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- The Numerator should be less than or equal to the Denominator.

# **EP Clinical Quality Measure 23 Layout, CMS 154**

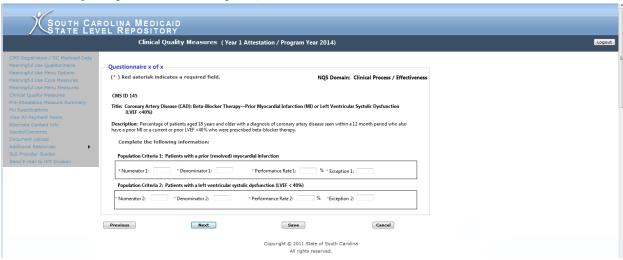


# Changes for 2014:

• Create screen with text as seen above.

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

# **EP Clinical Quality Measure 24 Layout, CMS 145**

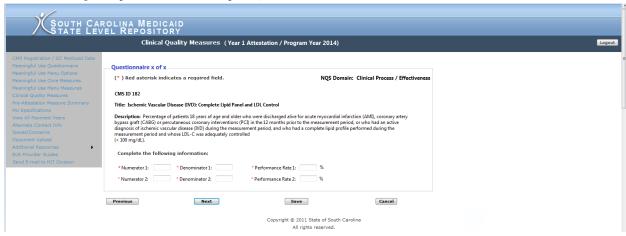


# Changes for 2014:

• Create screen with text as seen above.

- Please enter numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter denominators. 0 is acceptable if there is no measure population.
- Denominators must be whole numbers.
- Please enter performance rates. 0 is acceptable if that was reported by the EHR technology
- Please enter exceptions. 0 is acceptable if that was reported by the EHR technology.
- The Exceptions must be whole numbers.
- The Numerators should be less than or equal to the Denominators.

# **EP Clinical Quality Measure 25 Layout, CMS 182**



# Changes for 2014:

• Create screen with text as seen above.

- Please enter numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter denominators. 0 is acceptable if there is no measure population.
- Denominators must be whole numbers.
- Please enter performance rates. 0 is acceptable if that was reported by the EHR technology.
- The Numerators should be less than or equal to the Denominators.

# **EP Clinical Quality Measure 26 Layout, CMS 135**

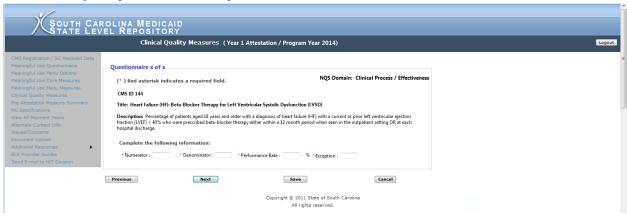


## Changes for 2014:

• Create screen with text as seen above.

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exception. 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

# **EP Clinical Quality Measure 27 Layout, CMS 144**



# Changes for 2014:

• Create screen with text as seen above.

- Please enter numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exception, 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

# **EP Clinical Quality Measure 28 Layout, CMS 143**

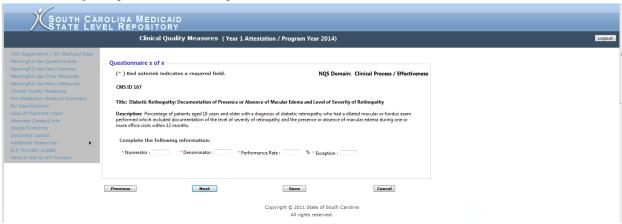


# Changes for 2014:

• Create screen with text as seen above.

- Please enter numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exception. 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

## **EP Clinical Quality Measure 29 Layout, CMS 167**

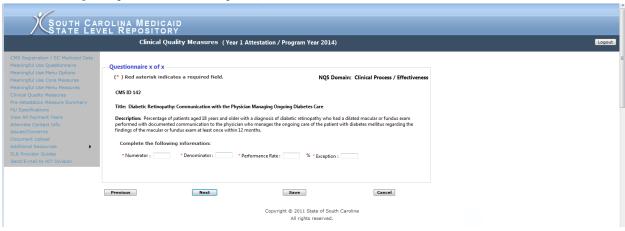


### Changes for 2014:

• Create screen with text as seen above.

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exception. 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

## **EP Clinical Quality Measure 30 Layout, CMS 142**



### Changes for 2014:

• Create screen with text as seen above.

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exception. 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

## **EP Clinical Quality Measure 31 Layout, CMS 139**

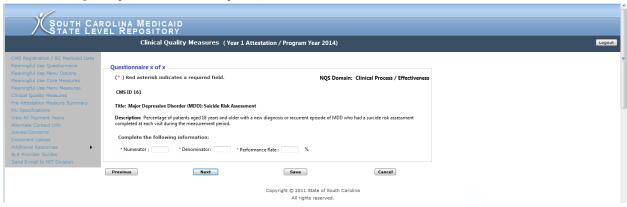


## Changes for 2014:

• Create screen with text as seen above.

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exception. 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

## **EP Clinical Quality Measure 32 Layout, CMS 161**

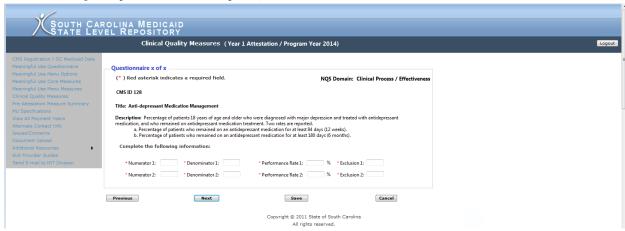


### Changes for 2014:

• Create screen with text as seen above.

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- The Numerator should be less than or equal to the Denominator.

## **EP Clinical Quality Measure 33 Layout, CMS 128**

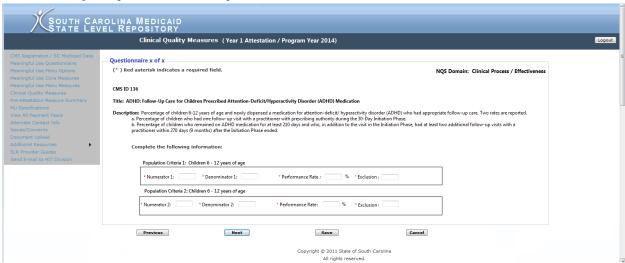


# Changes for 2014:

• Create screen with text as seen above.

- Please enter numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter denominators. 0 is acceptable if there is no measure population.
- Denominators must be whole numbers.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusions. 0 is acceptable if that was reported by the EHR technology.
- The Exclusions must be whole numbers.
- The Numerator should be less than or equal to the Denominator.

### **EP Clinical Quality Measure 34 Layout, CMS 136**



#### Changes for 2014:

• Create screen with text as seen above.

- Please enter numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter denominators. 0 is acceptable if there is no measure population.
- Denominators must be whole numbers.
- Please enter performance rates. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusions. 0 is acceptable if that was reported by the EHR technology.
- The Exclusions must be whole numbers.
- The Numerators should be less than or equal to the Denominators.

## **EP Clinical Quality Measure 35 Layout, CMS 169**

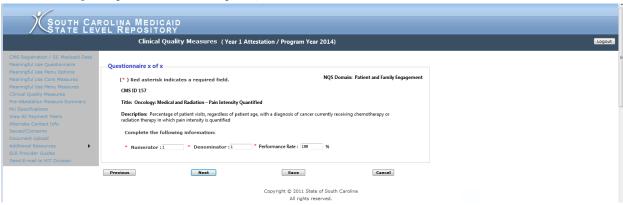


### Changes for 2014:

• Create screen with text as seen above.

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- The Numerator should be less than or equal to the Denominator.

# **EP Clinical Quality Measure 36 Layout, CMS 157**

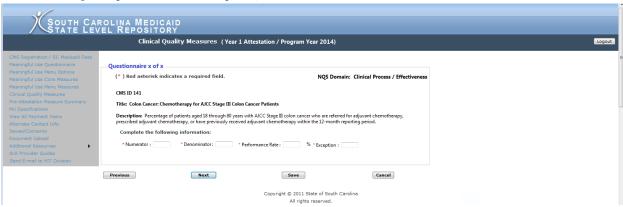


### Changes for 2014:

• Create screen with text as seen above.

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- The Numerator should be less than or equal to the Denominator.

## **EP Clinical Quality Measure 37 Layout, CMS 141**



# Changes for 2014:

• Create screen with text as seen above.

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exception. 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

## **EP Clinical Quality Measure 38 Layout, CMS 140**

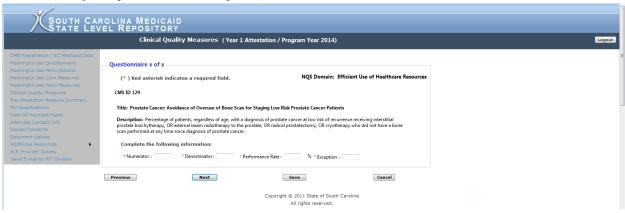


#### Changes for 2014:

Create screen with text as seen above.

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exception. 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

## **EP Clinical Quality Measure 39 Layout, CMS 129**



### Changes for 2014:

• Create screen with text as seen above.

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exception. 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

## **EP Clinical Quality Measure 40 Layout, CMS 62**

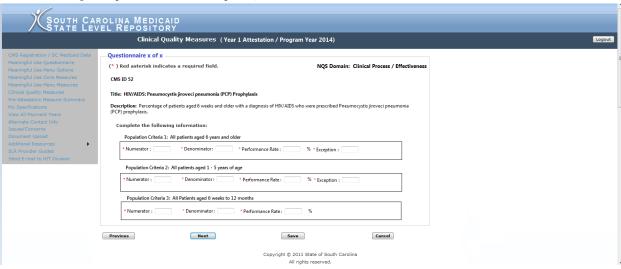


### Changes for 2014:

• Create screen with text as seen above.

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology
- The Numerator should be less than or equal to the Denominator.

## **EP Clinical Quality Measure 41 Layout, CMS 52**

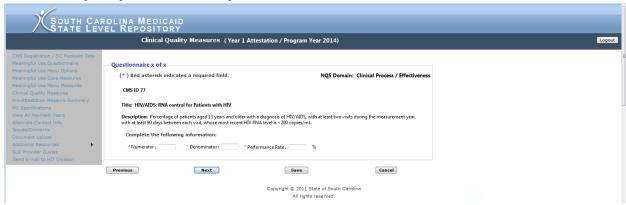


### Changes for 2014:

• Create screen with text as seen above.

- Please enter numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter denominators. 0 is acceptable if there is no measure population.
- Denominators must be whole numbers.
- Please enter performance rates. 0 is acceptable if that was reported by the EHR technology.
- Please enter exceptions. 0 is acceptable if that was reported by the EHR technology.
- The Exceptions must be whole numbers.
- The Numerators should be less than or equal to the Denominators.

## **EP Clinical Quality Measure 42 Layout, CMS 77**



### Changes for 2014:

• Create screen with text as seen above.

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- The Numerator should be less than or equal to the Denominator.

## **EP Clinical Quality Measure 43 Layout, CMS 2**



# Changes for 2014:

• Create screen with text as seen above.

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- Please enter exception. 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

## **EP Clinical Quality Measure 44 Layout, CMS 68**

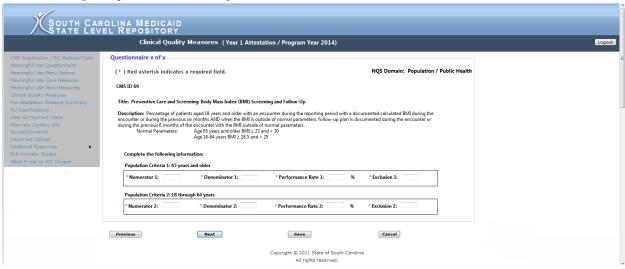


### Changes for 2014:

• Create screen with text as seen above.

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology
- Please enter exception. 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

## **EP Clinical Quality Measure 45 Layout, CMS 69**

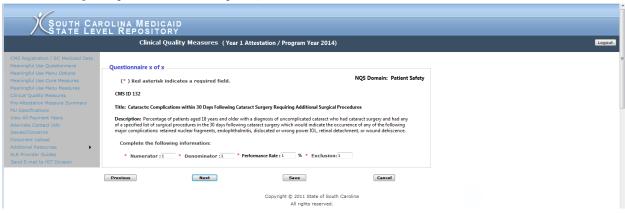


### Changes for 2014:

• Create screen with text as seen above.

- Please enter numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter denominators. 0 is acceptable if there is no measure population.
- Denominators must be whole numbers.
- Please enter performance rates. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusions. 0 is acceptable if that was reported by the EHR technology.
- The Exclusions must be whole numbers.
- The Numerators should be less than or equal to the Denominators.

## **EP Clinical Quality Measure 46 Layout, CMS 132**

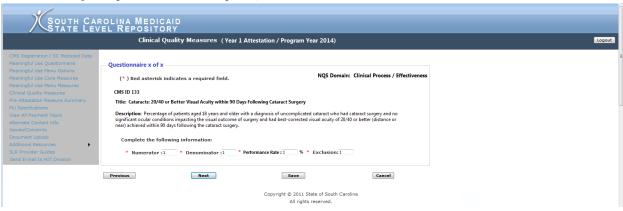


# Changes for 2014:

• Create screen with text as seen above.

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

## **EP Clinical Quality Measure 47 Layout, CMS 133**



### Changes for 2014:

• Create screen with text as seen above.

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

## **EP Clinical Quality Measures 48 Layout, CMS 158**



### Changes for 2014:

• Create screen with text as seen above.

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exception. 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

## **EP Clinical Quality Measure 49 Layout, CMS 159**

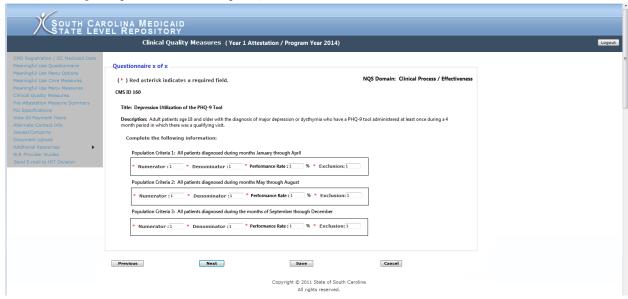


# Changes for 2014:

Create screen with text as seen above.

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

## **EP Clinical Quality Measure 50 Layout, CMS 160**

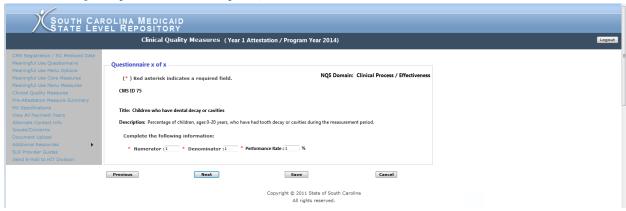


#### Changes for 2014:

• Create screen with text as seen above.

- Please enter numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter denominators., 0 is acceptable if there is no measure population.
- Denominators must be whole numbers.
- Please enter performance rates. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusions. 0 is acceptable if that was reported by the EHR technology.
- The Exclusions must be whole numbers.
- The Numerators should be less than or equal to the Denominators.

## **EP Clinical Quality Measure 51 Layout, CMS 75**



# Changes for 2014:

• Create screen with text as seen above.

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology
- The Numerator should be less than or equal to the Denominator.

# **EP Clinical Quality Measure 52 Layout, CMS 177**

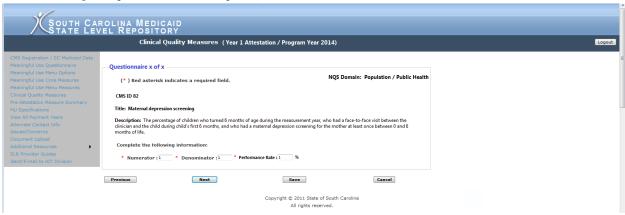


### Changes for 2014:

• Create screen with text as seen above.

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- The Numerator should be less than or equal to the Denominator.

# **EP Clinical Quality Measure 53 Layout, CMS 82**

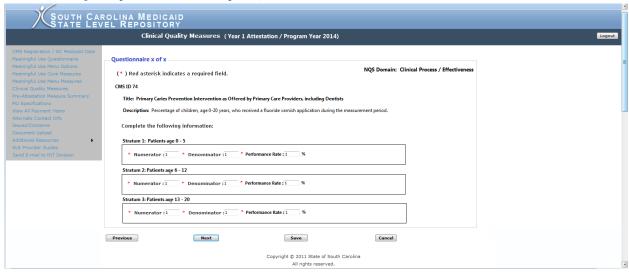


# Changes for 2014:

• Create screen with text as seen above.

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- The Numerator should be less than or equal to the Denominator.

# **EP Clinical Quality Measure 54 Layout, CMS 74**

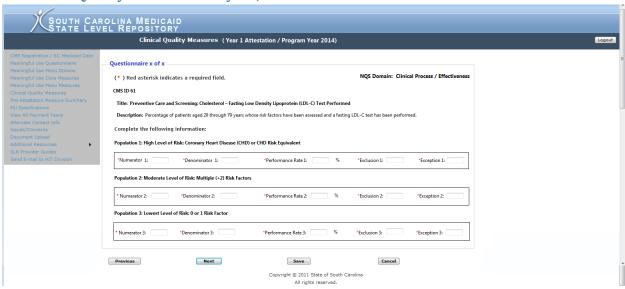


#### Changes for 2014:

Create screen with text as seen above.

- Please enter numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter denominators. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rates. 0 is acceptable if that was reported by the EHR technology.
- The Numerators should be less than or equal to the Denominators.

## **EP Clinical Quality Measure 55 Layout, CMS 61**

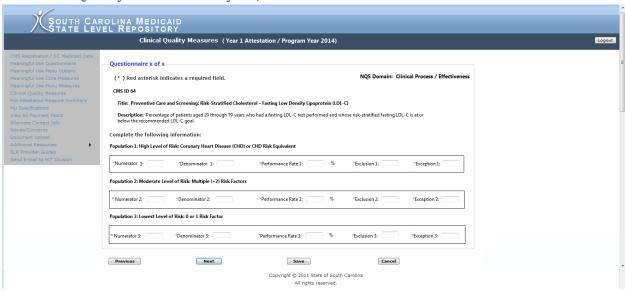


#### Changes for 2014:

Create screen with text as seen above.

- Please enter numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter denominators. 0 is acceptable if there is no measure population.
- Denominators must be whole numbers.
- Please enter performance rates. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusions. 0 is acceptable if that was reported by the EHR technology.
- The Exclusions must be whole numbers.
- Please enter exceptions. 0 is acceptable if that was reported by the EHR technology.
- The Exceptions must be whole numbers.
- The Numerators should be less than or equal to the Denominators.

## **EP Clinical Quality Measure 56 Layout, CMS 64**

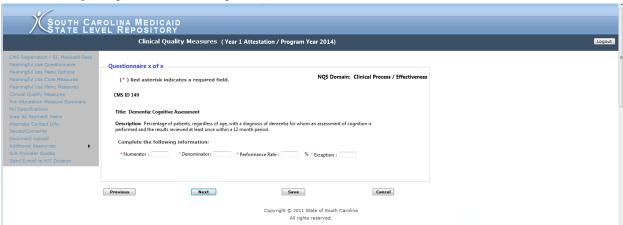


### Changes for 2014:

• Create screen with text as seen above.

- Please enter numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter denominators. 0 is acceptable if there is no measure population.
- Denominators must be whole numbers.
- Please enter performance rates. 0 is acceptable if that was reported by the EHR technology
- Please enter exclusions. 0 is acceptable if that was reported by the EHR technology.
- The Exclusions must be whole numbers.
- Please enter exceptions. 0 is acceptable if that was reported by the EHR technology.
- The Exceptions must be whole numbers.
- The Numerators should be less than or equal to the Denominators.

## **EP Clinical Quality Measure 57 Layout, CMS 149**



#### Changes for 2014:

Create screen with text as seen above.

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exception. 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

## **EP Clinical Quality Measure 58 Layout, CMS 65**



#### Changes for 2014:

• Create screen with text as seen above.

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

# **EP Clinical Quality Measure 59 Layout, CMS 50**



### Changes for 2014:

• Create screen with text as seen above.

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- The Numerator should be less than or equal to the Denominator.

## **EP Clinical Quality Measure 60 Layout, CMS 66**

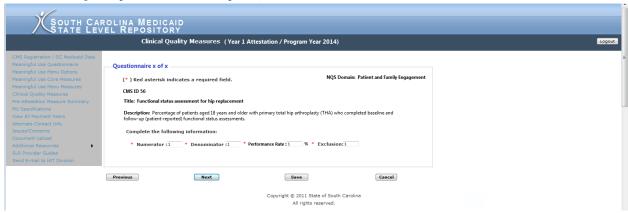


#### Changes for 2014:

Create screen with text as seen above.

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

## **EP Clinical Quality Measure 61 Layout, CMS 56**

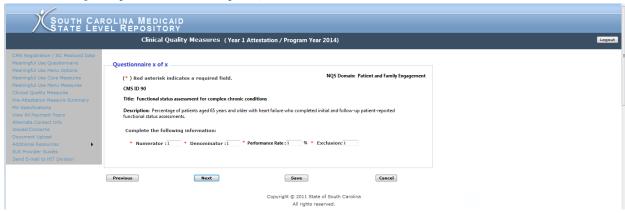


#### Changes for 2014:

Create screen with text as seen above.

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate, 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusion.0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

## **EP Clinical Quality Measure 62 Layout, CMS 90**



### Changes for 2014:

• Create screen with text as seen above.

- Please enter numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate, 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

# **EP Clinical Quality Measure 63 Layout, CMS 179**



### Changes for 2014:

• Create screen with text as seen above.

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- The Numerator should be less than or equal to the Denominator.

## **EP Clinical Quality Measure 64 Layout, CMS 22**



# Changes for 2014:

• Create screen with text as seen above.

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- Please enter exception. 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

# Appendix A – EH CQM List

# **NQS Domain: Patient and Family Engagement**

Measure	Title	Measure Description
CMS 55	Median Time from ED Arrival to ED Departure for Admitted ED Patients	Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department.
CMS 111	Median Admit Decision Time to ED Departure Time for Admitted Patients	Median time (in minutes) from admit decision time to time of departure from the emergency department for emergency department patients admitted to inpatient status.
CMS 107	Stroke Education	Ischemic or hemorrhagic stroke patients or their caregivers who were given educational materials during the hospital stay addressing all of the following: activation of emergency medical system, need for follow-up after discharge, medications prescribed at discharge, risk factors for stroke, and warning signs and symptoms of stroke.
CMS 110	VTE-5 VTE discharge instructions	This measure assesses the number of patients diagnosed with confirmed VTE that are discharged to home, home care, court/law enforcement or home on hospice care on warfarin with written discharge instructions that address all four criteria: compliance issues, dietary advice, follow-up monitoring, and information about the potential for adverse drug reactions/interactions.
CMS 26	Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	An assessment that there is documentation in the medical record that a Home Management Plan of Care (HMPC) document was given to the pediatric asthma patient/caregiver.

# **NQS Domain: Clinical Process / Effectiveness**

Measure	Title	Measure Description
CMS 104	MS 104 Discharged on Antithrombotic Therapy	Ischemic stroke patients prescribed
CIVIS 104	Discharged on Antitinonibotic merapy	antithrombotic therapy at hospital discharge
	Anticoagulation Therapy for Atrial Fibrillation/Flutter	Ischemic stroke patients with atrial
CMS 71		fibrillation/flutter who are prescribed
		anticoagulation therapy at hospital discharge.
		Acute ischemic stroke patients who arrive at
	Thrombolytic Therapy	this hospital within 2 hours of time last known
CMS 91		well and for whom IV t-PA was initiated at this
		hospital within 3 hours of time last known
		well.
CMS 72 Antithrombotic Therapy By End of	Antithrombotic Thorony By End of	Ischemic stroke patients administered
		antithrombotic therapy by the end of hospital
	Hospital Day 2	day 2.

Measure	Title	Measure Description
CMS 105	Discharged on Statin Medication	Ischemic stroke patients with LDL greater than or equal to 100 mg/dL, or LDL not measured, or who were on a lipid-lowering medication prior to hospital arrival are prescribed statin medication at hospital discharge
CMS 73	VTE-3 VTE Patients with Anticoagulation Overlap Therapy	This measure assesses the number of patients diagnosed with confirmed VTE who received an overlap of parenteral (intravenous [IV] or subcutaneous [subcu]) anticoagulation and warfarin therapy. For patients who received less than five days of overlap therapy, they should be discharged on both medications or have a reason for discontinuation of overlap therapy. Overlap therapy should be administered for at least five days with an international normalized ratio (INR) greater than or equal to 2 prior to discontinuation of the parenteral anticoagulation therapy, discharged on both medications or have a reason for discontinuation of overlap therapy.
CMS 109	VTE-4 VTE Patients Receiving Unfractionated Heparin (UFH) with Dosages/Platelet Count Monitoring by Protocol (or Nomogram)	This measure assesses the number of patients diagnosed with confirmed VTE who received intravenous (IV) UFH therapy dosages AND had their platelet counts monitored using defined parameters such as a nomogram or protocol.
CMS 100	Aspirin Prescribed at Discharge	Acute myocardial infarction (AMI) patients who are prescribed aspirin at hospital discharge
CMS 113	Elective Delivery	Patients with elective vaginal deliveries or elective cesarean sections at >= 37 and < 39 weeks of gestation completed
CMS 60	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	Acute myocardial infarction (AMI) patients with ST-segment elevation or LBBB on the ECG closest to arrival time receiving fibrinolytic therapy during the hospital stay and having a time from hospital arrival to fibrinolysis of 30 minutes or less
CMS 53	Primary PCI Received Within 90 Minutes of Hospital Arrival	Acute myocardial infarction (AMI) patients with ST-segment elevation or LBBB on the ECG closest to arrival time receiving primary PCI during the hospital stay with a time from hospital arrival to PCI of 90 minutes or less.
CMS 30 / NQF 0639	Statin Prescribed at Discharge	Acute myocardial infarction (AMI) patients who are prescribed a statin at hospital discharge.
CMS 9	Exclusive Breast Milk Feeding	PC-05 Exclusive breast milk feeding during the newborn's entire hospitalization PC-05a Exclusive breast milk feeding during the newborn's entire hospitalization considering mother's choice

Measure	Title	Measure Description
CMS 31	Hearing Screening Prior To Hospital Discharge (EHDI-1a)	This measure assesses the proportion of births that have been screened for hearing loss before hospital discharge.

# **NQS Domain: Care Coordination**

Measure	Title	Measure Description
CMS 102	Stroke-10 Ischemic or hemorrhagic	Ischemic or hemorrhagic stroke patients who
CIVIS 102	stroke – Assessed for Rehabilitation	were assessed for rehabilitation services.
CMS 32		Median time from emergency department
	Median Time from ED Arrival to ED	arrival to time of departure from the
	Departure for Discharged ED Patients	emergency room for patients discharged from
	_	the emergency department.

### **NQS Domain: Patient Safety**

Measure	Title	Measure Description
CMS 108	Venous Thromboembolism (VTE)-1 VTE prophylaxis	This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission or surgery end date for surgeries that start the day of or the day after hospital admission.
CMS 190	VTE-2 Intensive Care Unit (ICU) VTE prophylaxis	This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after the initial admission (or transfer) to the Intensive Care Unit (ICU) or surgery end date for surgeries that start the day of or the day after ICU admission (or transfer).
CMS 114	VTE-6 Incidence of potentially preventable VTE	This measure assesses the number of patients diagnosed with confirmed VTE during hospitalization (not present at admission) who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date.
CMS 171	SCIP-INF-1 Prophylactic Antibiotic Received within 1 Hour Prior to Surgical Incision	Surgical patients with prophylactic antibiotics initiated within one hour prior to surgical incision. Patients who received vancomycin or a fluoroquinolone for prophylactic antibiotics should have the antibiotics initiated within two hours prior to surgical incision. Due to the longer infusion time required for vancomycin or a fluoroquinolone, it is acceptable to start these antibiotics within two hours prior to incision time.

Measure	Title	Measure Description
	SCIP-INF-9 Urinary catheter removed on	Surgical patients with urinary catheter
CMS 178	Postoperative Day 1 (POD1) or	removed on Postoperative Day 1 or
CIVIS 176	Postoperative Day 2 (POD2) with day of	Postoperative Day 2 with day of surgery being
	surgery being day zero	day zero.
CMS 185		Percent of term singleton live births
		(excluding those with diagnoses originating in
	Healthy Term Newborn	the fetal period) who DO NOT have significant
		complications during birth or the nursery
		care.

#### **NQS Domain: Efficient Use of Healthcare Resources**

Measure	Title	Measure Description
CMS 188		(PN-6) Immunocompetent patients with Community-Acquired Pneumonia who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines
	Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients	(Population 1) Immunocompetent ICU patients with Community-Acquired Pneumonia who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines
		(Population 2) Immunocompetent non- Intensive Care Unit (ICU) patients with Community-Acquired Pneumonia who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines
CMS 172	SCIP-INF-2 Prophylactic Antibiotic Selection for Surgical Patients	Surgical patients who received prophylactic antibiotics consistent with current guidelines (specific to each type of surgical procedure).

# Appendix B – EP CQM List

# **NQS Domain: Patient and Family Engagement**

Measure	Title	Measure Description
CMS 157	Oncology: Medical and Radiation – Pain Intensity Quantified	Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified
CMS 66	Functional status assessment for knee replacement	Percentage of patients aged 18 years and older with primary total knee arthroplasty (TKA) who completed baseline and follow-up (patient-reported) functional status assessments.
CMS 56	Functional status assessment for hip replacement	Percentage of patients aged 18 years and older with primary total hip arthroplasty (THA) who completed baseline and follow-up (patient-reported) functional status assessments.
CMS 90	Functional status assessment for complex chronic conditions	Percentage of patients aged 65 years and older with heart failure who completed initial and follow-up patient-reported functional status assessments

### **NQS Domain: Clinical Process / Effectiveness**

Measure	Title	Measure Description
CMS 137	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Percentage of patients 13 years of age and older with a new episode of alcohol and other drug (AOD) dependence who received the following. Two rates are reported.  a. Percentage of patients who initiated treatment within 14 days of the diagnosis.  b. Percentage of patients who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.
CMS 165	Controlling High Blood Pressure	Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period.
CMS 125	Breast Cancer Screening	Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer.
CMS 124	Cervical Cancer Screening	Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer.
CMS 130	Colorectal Cancer Screening	Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.

Measure	Title	Measure Description
CMS 126	Use of Appropriate Medications for Asthma	Percentage of patients 5-64 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement period.
CMS 127	Pneumonia Vaccination Status for Older Adults	Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.
CMS 131	Diabetes: Eye Exam	Percentage of patients 18-75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal exam (no evidence of retinopathy) in the 12 months prior to the measurement period
CMS 123	Diabetes: Foot Exam	Percentage of patients aged 18-75 years of age with diabetes who had a foot exam during the measurement period.
CMS 122	Diabetes: Hemoglobin A1c Poor Control	Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.
CMS 148	Hemoglobin A1c Test for Pediatric Patients	Percentage of patients 5-17 years of age with diabetes with an HbA1c test during the measurement period
CMS 134	Diabetes: Urine Protein Screening	The percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period.
CMS 163	Diabetes: Low Density Lipoprotein (LDL) Management	Percentage of patients 18-75 years of age with diabetes whose LDL-C was adequately controlled (<100 mg/dL) during the measurement period.
CMS 164	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had documentation of use of aspirin or another antithrombotic during the measurement period.
CMS 145	Coronary Artery Disease (CAD): Beta- Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have a prior MI or a current or prior LVEF <40% who were prescribed beta-blocker therapy

Measure	Title	Measure Description
CMS 182	Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had a complete lipid profile performed during the measurement period and whose LDL-C was adequately controlled (< 100 mg/dL).
CMS 135	Heart Failure (HF): Angiotensin- Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge
CMS 144	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge
CMS 143	Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	Percentage of patients aged 18 years and older with a diagnosis of POAG who have an optic nerve head evaluation during one or more office visits within 12 months
CMS 167	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months
CMS 142	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months
CMS 161	Major Depressive Disorder (MDD): Suicide Risk Assessment	Percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of MDD who had a suicide risk assessment completed at each visit during the measurement period.

Measure	Title	Measure Description
CMS 128	Anti-depressant Medication Management	Percentage of patients 18 years of age and older who were diagnosed with major depression and treated with antidepressant medication, and who remained on antidepressant medication treatment. Two rates are reported.  a. Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks).  b. Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months).
CMS 136	ADHD: Follow-Up Care for Children Prescribed Attention- Deficit/Hyperactivity Disorder (ADHD) Medication	Percentage of children 6-12 years of age and newly dispensed a medication for attention-deficit/ hyperactivity disorder (ADHD) who had appropriate follow-up care. Two rates are reported.  a. Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase.  b. Percentage of children who remained on ADHD medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.
CMS 169	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	Percentage of patients with depression or bipolar disorder with evidence of an initial assessment that includes an appraisal for alcohol or chemical substance use.
CMS 141	Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients	Percentage of patients aged 18 through 80 years with AJCC Stage III colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period
CMS 140 / NQF 0387	Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/ Progesterone Receptor (ER/PR) Positive Breast Cancer	Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period
CMS 62	HIV/AIDS: Medical Visit	Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS with at least two medical visits during the measurement year with a minimum of 90 days between each visit.
CMS 52	HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis	Percentage of patients aged 6 weeks and older with a diagnosis of HIV/AIDS who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis

Measure	Title	Measure Description
CMS 77	HIV/AIDS: RNA control for Patients with HIV	Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS, with at least two visits during the measurement year, with at least 90 days between each visit, whose most recent HIV RNA level is <200 copies/mL.
CMS 133	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and no significant ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following the cataract surgery.
CMS 158	Pregnant women that had HBsAg testing	This measure identifies pregnant women who had a HBsAg (hepatitis B) test during their pregnancy.
CMS 159	Depression Remission at Twelve Months	Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at twelve months defined as PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment.
CMS 160	Depression Utilization of the PHQ-9 Tool	Adult patients age 18 and older with the diagnosis of major depression or dysthymia who have a PHQ-9 tool administered at least once during a 4 month period in which there was a qualifying visit.
CMS 75	Children who have dental decay or cavities	Percentage of children, ages 0-20 years, who have had tooth decay or cavities during the measurement period.
CMS 74 / NQF TBD	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	Percentage of children, age 0-20 years, who received a fluoride varnish application during the measurement period.
CMS 61	Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL-C) Test Performed	Percentage of patients aged 20 through 79 years whose risk factors have been assessed and a fasting LDL-C test has been performed.
CMS 64	Preventive Care and Screening: Risk- Stratified Cholesterol – Fasting Low Density Lipoprotein (LDL-C)	Percentage of patients aged 20 through 79 years who had a fasting LDL-C test performed and whose risk-stratified fasting LDL-C is at or below the recommended LDL-C goal.
CMS 149	Dementia: Cognitive Assessment	Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12 month period.
CMS 65	Hypertension: Improvement in blood pressure	Percentage of patients aged 18-85 years of age with a diagnosis of hypertension whose blood pressure improved during the measurement period.

# **NQS Domain: Care Coordination**

Measure	Title	Measure Description
CMS 50	Closing the referral loop: receipt of specialist report	Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.

### **NQS Domain: Patient Safety**

Measure	Title	Measure Description
CMS 156	Use of High-Risk Medications in the Elderly	Percentage of patients 66 years of age and older who were ordered high-risk medications. Two rates are reported.  a. Percentage of patients who were ordered at least one high-risk medication.  b. Percentage of patients who were ordered at least two different high-risk medications.
CMS 139	Falls: Screening for Future Fall Risk	Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.
CMS 68	Documentation of Current Medications in the Medical Record	Percentage of specified visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications to the best of his/her knowledge and ability. This list <i>must</i> include ALL prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND <i>must</i> contain the medications' name, dosage, frequency and route of administration.
CMS 132	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and had any of a specified list of surgical procedures in the 30 days following cataract surgery which would indicate the occurrence of any of the following major complications: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence.
CMS 177	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk.
CMS 179	ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range	Average percentage of time in which patients aged 18 and older with atrial fibrillation who are on chronic warfarin therapy have International Normalized Ratio (INR) test results within the therapeutic range (i.e., TTR) during the measurement period.

# **NQS Domain: Efficient Use of Healthcare Resources**

Measure	Title	Measure Description
CMS 146	Appropriate Testing for Children with Pharyngitis	Percentage of children 2-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode.
CMS 166	Use of Imaging Studies for Low Back Pain	Percentage of patients 18-50 years of age with a diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.
CMS 154	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	Percentage of children 3 months-18 years of age who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the episode.
CMS 129	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer

### **NQS Domain: Population / Public Health**

Measure	Title	Measure Description
CMS 155	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/ Gynecologist (OB/GYN) and who had evidence of the following during the measurement period. Three rates are reported.  • Percentage of patients with height, weight, and body mass index (BMI) percentile documentation  • Percentage of patients with counseling for nutrition  • Percentage of patients with counseling for physical activity
CMS 138	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user
CMS 153	Chlamydia Screening for Women	Percentage of women 16- 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement period.

Measure	Title	Measure Description
CMS 117	Childhood Immunization Status	Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.
CMS 147	Preventive Care and Screening: Influenza Immunization	Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization
CMS 2	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow up plan is documented on the date of the positive screen.
CMS 69	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow- Up	Percentage of patients aged 18 years and older with an encounter during the reporting period with a documented calculated BMI during the encounter or during the previous six months AND when the BMI is outside of normal parameters, follow-up plan is documented during the encounter or during the previous 6 months of the encounter with the BMI outside of normal parameters.  Normal Parameters: Age 65 years and older BMI ≥ 23 and < 30  Age 18-64 years BMI ≥ 18.5 and < 25
CMS 82	Maternal depression screening	The percentage of children who turned 6 months of age during the measurement year, who had a face-to-face visit between the clinician and the child during child's first 6 months, and who had a maternal depression screening for the mother at least once between 0 and 6 months of life.
CMS 22	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated